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Appl. No. 09/489,667
Reply to Office Action of December 21, 2004

FEB 21 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

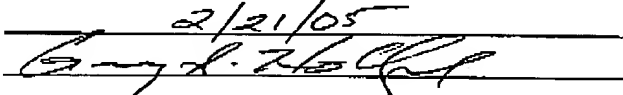
Appl. No. : 09/489,667 Confirmation No. 6119
Applicant : DONOVAN
Filed : January 19, 2000
Title : CLOSTRIDIAL TOXIN DERIVATIVES AND METHODS FOR
TREATING PAIN

TC/A.U. : 1600/1653
Examiner : KAM, C.M.

Docket No. : D2875
Customer No. : 33197

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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9306, on the date indicated below.

2/21/05


AMENDMENT

Sir:

In response to the Office Action of December 21, 2004,
please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

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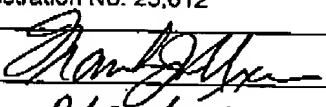
FEB-21-05 09:59AM FROM-StoutUxaBuyanMullins


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T-647 P.001/007 F-847

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/489,667
		Filing Date	1/19/2000
		First Named Inventor	Donovan
		Group Art Unit	1653
		Examiner Name	KAM
Total Number of Pages in This Submission	7	Attorney Docket Number	D2875

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	2/21/05

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Typed or printed name	Greg S. Hollrigel
Signature	
Date	2/21/05

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